

DTS ELECTRONIC FUNDS TRANSFER (EFT) FORM

PRIVACY ACT STATEMENT

THIS INFORMATION IS PROVIDED TO COMPLY WITH THE PRIVACY ACT OF 1974 (P: 93-579). ALL INFORMATION COLLECTED ON THIS FORM IS REQUIRED UNDER THE PROVISIONS OF 31 U.S. C 332 AND CFR 210. THIS INFORMATION WILL BE USED BY THE TREASURY DEPARTMENT TO TRANSMIT PAYMENT DATA, BY ELECTRONIC MEANS, TO THE PAYEE'S FINANCIAL INSTITUTION. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY DELAY OR PREVENT THE RECEIPT OF PAYMENTS.

Last Name: _____ First Name: _____ M.I.: _____

SSN: _____ Rank/Grade: _____ / _____ Date: _____

Organization: _____ Unit Telephone: _____

Bank Name: _____

Account Type: (Check one) _____ Savings _____ Checking

Routing Number:

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Must Be Nine Digits

Account Number: _____

Include all suffixes

Reason For Traveler Not Changing Their own Info:

Traveler's Signature: _____

AO/RO/CO/ODTA Signature: _____

Please Ensure That A Copy Of Your DD577 Is Attached. No Changes Will Be Made Without This Form.